

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	MODULAR PROSTHESIS KITS
Attorney Docket Number::	OSTEONICS 3.0-492
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Figure 10
Total Drawing Sheets::	13
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Renen
Family Name::	Bassik
City of Residence::	Fair Lawn
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	0-40 Pine Avenue
City of mailing address::	Fair Lawn
State or Province of mailing address::	NJ
Country of mailing address::	US

Postal or Zip Code of mailing address:: 07410

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: D.
Family Name:: Czajkowski
City of Residence:: Rahway
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 2316 Jowett Place
City of mailing address:: Rahway
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07065

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: F.
Family Name:: Mc Carthy
City of Residence:: Neshanic Station
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 210 Johns Lane
City of mailing address:: Neshanic Station
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08853

Correspondence Information

Correspondence Customer Number:: 000530
Phone number:: (908) 518-6388
Fax number:: (908) 654-7866
E-Mail address:: sservilla@ldlkm.com

Representative Information

Representative Customer Number:: 000530

Assignee Information

Assignee name:: Howmedica Osteonics Corp.
Street of mailing address:: 325 Corporate Drive
City of mailing address:: Mahwah
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07430